

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Steven B. Elgee et al.

Confirmation No.: 2415

Application No.: 10/062,758

Examiner: Liang, Leonard

Filing Date: 01/29/2002

Group Art Unit: 2853

Title: Scanning Carriage Heat Applicator

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment (X) Petition to extend time to respond  
(X) New fee as calculated below ( ) Supplemental Declaration  
( ) No additional fee (Address envelope to "Box Non-Fee Amendments")  
( ) Other: (fee \$ )

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		= 0	X \$18	\$ 0
INDEP. CLAIMS		MINUS		= 0	X \$84	\$ 0
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$280	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$410.00	3RD MONTH \$930.00	4TH MONTH \$1450.00		\$ 110
					OTHER FEES	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 110

Charge \$ 110 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.

Date of Deposit: 01/27/2003

Typed Name: Keith A. Cushing

Signature: 

Respectfully submitted,

Steven B. Elgee et al.

By 

Keith A. Cushing

Attorney/Agent for Applicant(s)

Reg. No. 32,407

Date: 01/27/2003